

CLAIMS ONLY						Application Number <b>09/989677</b>	Filing Date		
						Applicant(s)			
						* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* <b>07-10-01</b>	* <b>07-10-01</b>	
	Indep	Depend	Indep	Depend	Indep	Depend			
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Total Indep			10						
Total Depend			20						
Total Claims			30						